## Health Priority: Social and Economic Factors that Influence Health Objective 4: Childcare

**Long-term (2010) Subcommittee Outcome Objective**: By 2010, no Wisconsin family will pay more than 20% of their income for day care expenses, and no more than 5% of families at or below 200% of the federal poverty level (FPL) will have out-of-pocket expenses for day care.

INPUTS	OUTPUTS	OU	TCOMES - IMPACT	ı
	Activities and Participation	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<ul> <li>WI Department of Health and Family Services</li> <li>WI Department of Workforce Development</li> <li>WI State Legislature</li> <li>Child Care Referral Centers</li> <li>Wisconsin Council on Children and Families and other advocates</li> <li>Licensed Day Care Facilities</li> <li>Business Community</li> <li>Federal Government</li> <li>Congressional Delegates</li> <li>Research Experts on Early Childhood Brain Development</li> <li>Head Start</li> <li>National Child Advocacy Organizations</li> </ul>	<ul> <li>Research statistics on low-income eligible families receiving subsidies.</li> <li>Outreach to legislature on quality childcare and the number of low-income families actually receiving a subsidy.</li> <li>Outreach initiatives to eligible families on Wisconsin Shares and other childcare subsidy programs.</li> <li>Promote family-friendly businesses by providing incentives for employer contributions to their employees' childcare and for employers who offer licensed day care at the workplace.</li> <li>Increase funding for Child Information/Resource Centers to support their programming efforts.</li> <li>Review research on early childhood brain development and linkages to health.</li> <li>Compile issue papers on early childhood brain development and quality childcare.</li> <li>Increase the number of licensed, regulated daycare facilities</li> <li>Increase the number of before and after school care sites</li> </ul>	By 2004, increase the funding level of Wisconsin Shares and other childcare subsidy programs to include more eligible families.	By 2008, increase awareness among policymakers on the relationship between health and childcare including the link between early education and child care.	By 2010, increase the number of low-income children who are benefiting from quality childcare thus improving their preparedness for school.

# Health Priority: Social and Economic Factors that Influence Health Objective 4: Childcare Objective

## **Long-term (2010) Subcommittee Outcome Objective:**

By 2010, no Wisconsin family will pay more than 20% of their income for day care expenses, and no more than 5% of families at or below 200% of the federal poverty level (FPL) will have out-of-pocket expenses for day care.

Wisconsin Baseline	Wisconsin Sources and Year	
40% of Wisconsin families at or below 200% of	The Urban Institute. "State Child Care Profile for	
the federal poverty level are paying out-of-	Children with Employed Mothers: Wisconsin."	
pocket for day care.	(February 2001).	
More than 25% of Wisconsin's low-income	The Urban Institute. "State Child Care Profile for	
families spend more than 20% of their earnings	Children with Employed Mothers: Wisconsin."	
on day care.	(February 2001).	
Only 12% of eligible Wisconsin families are	1999 Wisconsin Family Health Survey and	
receiving a child care subsidy.	Wisconsin Department of Workforce	
	Development Website	
	www.dwd.state.wi.us/des/childcare/wishares	

Federal/National Baseline	Federal/National Sources and Year	
None, this is a developmental objective.	Not applicable.	

Related USDHHS Healthy People 2010 Objectives				
Chapter	Goal	<b>Objective Number</b>	Objective Statement	
None	None	None	None	

<b>Definitions</b>		
Term	Definition	
Wisconsin Shares	The Child Care Subsidy Program, administered by the Department of	
	Workforce Development (DWD), serves all eligible low-income working	
	families, whether or not they have ever participated in AFDC, W-2, or other	
	public assistance programs. The intent of the program is to assure child care	
	support to families which have struggled to stay off of public assistance and to	
	help families entering into the workforce to sustain employment.	

#### **Rationale:**

Quality childcare is an invaluable investment in our children, especially children living in low-income families. Research shows that the links between early childcare and health are significant (1). New brain research has demonstrated that the first three years of life are critical in a child's intellectual development (2). Unfortunately, many low-income families are forced to compromise on quality childcare and stimulating learning environments for care that they can afford. For many children from low-income families, childcare subsidies provide the opportunities for early education and quality care that they may not otherwise receive.

The working environment has changed both in Wisconsin and nationally. In order to make ends meet, more and more households it has been necessary that the mother join the workforce. In Wisconsin,

76% of mothers with children younger than 13 were employed in 1997 (3). This creates a significant number of households in Wisconsin that are in need of quality childcare.

On average, childcare is the third highest expense for all families with preschool-age children, after housing and food expenditures (4). Currently, 40% of Wisconsin families at or below 200% of the federal poverty level are paying out-of-pocket for day care (5). And more than 25% of Wisconsin's low-income families spend more than 20 percent of their earnings on day care (6). When families are forced to pay such high percentages of their income on day care, it compromises spending money on other necessities such as food, quality housing, and health care.

Both the federal and state governments offer childcare subsidies for low-income, eligible families. Unfortunately, due to the funding levels of the programs, many families who may be eligible for the subsidy are not receiving it. In Wisconsin, 26,316 families received a childcare subsidy in March 2002 (7). According to a Wisconsin's 1999 Family Health Survey, the estimated number of families in Wisconsin living below 200% of the federal poverty level with children under the age of 18 is 206,000. Thus approximately only 13% of the eligible families are receiving a childcare subsidy.

Investing in childcare is also an investment in the economy. By subsidizing childcare expenses of low-income families, it makes it possible for them to work. Research has shown that childcare subsidies actually increase employment rates as well as earnings for low and moderate-income parents (8). Also, employers who offer some form of childcare benefits report higher worker morale, reduced absenteeism, increased productivity, and lower turnover (9).

#### **Outcomes:**

## Short-term Outcome Objective (2002-2004)

By 2004, increase the funding level of Wisconsin Shares and other childcare subsidy programs to include more eligible families.

**Inputs:** (What we invest – staff, volunteers, time, money, technology, equipment, etc.)

- Departments of Health and Family Services and Workforce Development
- Wisconsin State Legislature
- Child care referral centers
- Wisconsin Council on Children and Families and other advocates
- Licensed day care facilities
- Families and children
- Natural and appointed leaders from the community
- Business community
- Federal government
- Congressional delegates
- Local health departments
- Great Lakes Inter-Tribal Council and Health Directors
- Institutions of Higher Education
- Primary and secondary schools (public and private)

**Outputs:** (What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.)

• Research statistics on low-income eligible families receiving subsidies.

- Outreach to legislature on quality childcare and the number of low-income families actually receiving a subsidy.
- Outreach initiatives to eligible families on Wisconsin Shares and other childcare subsidy programs.
- Promote family friendly businesses by providing incentives for employer contributions to their employees' childcare and for employers who offer licensed day care at the workplace.

## **Medium-term Outcome Objective (2005-2007)**

By 2008, increase awareness among policymakers on the relationship between early education, adequate childcare, and health.

**Inputs:** (What we invest – staff, volunteers, time money, technology, equipment, etc.)

- Department of Health and Family Services
- Department of Workforce Development
- Department of Public Instruction
- Research experts on early childhood brain development
- Child Care referral centers
- Families and children
- Natural and appointed leaders from the community
- Wisconsin State Legislature
- Head Start Programs
- Wisconsin Council on Children and Families
- National child advocacy organizations
- Local health departments and their Boards of Health
- Great Lakes Inter-Tribal Council and Health Directors
- Institutions of Higher Education
- Primary and secondary schools (public and private)

**Outputs:** (What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.

- Increase funding for Child Care Information/Resource Centers to support their programming efforts.
- Review research on early childhood brain development and linkages to health.
- Compile issue papers on early childhood brain development and quality childcare.

#### **Long-term Outcome Objective (2008-2010)**

Increase the number of low-income children who are benefiting from quality childcare thus improving their preparedness for school by 2010.

**Inputs:** (What we invest – staff, volunteers, time money, technology, equipment, etc.)

- Departments of Health and Family Services and Workforce Development
- Wisconsin State Legislature
- Child care referral centers
- Wisconsin Council on Children and Families and other advocates
- Licensed day care facilities
- Natural and appointed leaders from the community

- Business community
- Federal government
- Congressional delegates
- Research experts on early childhood brain development
- Local health departments and Boards of Health
- Great Lakes Inter-Tribal Council and Health Directors
- Head Start Programs
- National child advocacy organizations
- Primary and secondary schools (public and private)

**Outputs:** (What we do – workshops, meetings, product development, training. Who we reachcommunity residents, agencies, organizations, elected officials, policy leaders, etc.

- Increase the number of licensed, regulated daycare facilities.
- Increase the number of before and after school care sites.

#### **Evaluation and Measurement**

Discussions will need to take place with the lead agencies on each item in order to create a comprehensive evaluation plan, particularly as it relates to the issue of "quality." Nonetheless, basic evaluative measures already exist.

#### Short-term measurements:

The funding level of Wisconsin Shares and other child care subsidy programs.

#### Medium-term measurements:

Survey level of policy-maker awareness at baseline and annually.

#### Long-term measurements:

The number of low-income children in childcare.

The percent of families below 200% federal poverty level paying any out-of-pocket expenses for davcare.

The percent of families below 200% federal poverty level paying more than 20% of their income out-of-pocket for daycare expenses.

## Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Allowing children to have access to affordable, quality childcare cuts across all of the other health and system priorities. The committees that have the most specific links are:

Adequate and Appropriate Nutrition: It is essential to address the nutritional needs of children placed in child care, as it is for all children.

Social and Economic Factors that Influence Health: Those who need childcare support are also those most likely to need other public health services and interventions.

Community Health Improvement Processes and Plans: The need to increase community capacity related to child care.

Coordination of State and Local Public Health System Partnerships: Those who need childcare support are also those most likely to need other public health services and interventions.

Template – Health Priority: Social and Economic Factors

Sufficient, Competent Workforce: The need to adequately staff childcare agencies with trained, competent individuals.

*Equitable, Adequate, and Stable Financing:* Childcare, as a part of a system of addressing public health needs, requires sufficient financing to be effective.

## Significant Linkages to Wisconsin's 12 Essential Public Health Services

This objective is linked to many of the 12 Essential Public Health Services, specifically:

Foster the understanding and promotion of social and economic conditions that support good health: Adequate and appropriate childcare is a key factor in allowing those at greatest risk to improve their socioeconomic conditions and improve the health of themselves and their children.

Educate the public about current and emerging health issues: The public has, in general, been unaware of the strong link between adequate childcare and health.

Promote community partnerships to identify and solve health problems: Adequate childcare requires more than just a governmental response; it is the responsibility of the entire community.

Create policies and plans that support individual and community health efforts: Without appropriate policies and plans, substantial and critical barriers to implementing adequate and appropriate childcare will continue to exist.

## **Connection to the Three Overarching Goals of Healthiest Wisconsin 2010**

This objective is clearly linked to all 3 overarching goals:

Protect and promote health for all: Adequate and appropriate childcare is a key factor in allowing those at greatest risk to improve their socioeconomic conditions and improve the health of themselves and their children.

*Eliminate health disparities:* Disparities, by definition, distinguish between those at greatest risk and those not at greatest risk. Adequate and appropriate childcare is a key factor in allowing those at greatest risk to improve their socioeconomic conditions and improve the health of themselves and their children.

Transform Wisconsin's public health system: The public has, in general, been unaware of the strong link between adequate childcare and health. Adequate and appropriate childcare is a key factor and often times the only way to allow those at greatest risk to improve their socioeconomic conditions and improve the health of themselves and their children. Therefore, it is an essential component of Wisconsin's public health system.

## **Key Interventions and/or Strategies Planned:**

The key interventions are closely associated with our short, medium and long-term goals. Raising awareness about the benefits of affordable, quality childcare is key to improving the likelihood of increased financial support for Wisconsin Shares and other childcare subsidy programs.

#### **References:**

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- 2. Carnegie Corporation of New York. *Starting Points: Meeting the Needs of Our Youngest Children*. New York, NY. Carnegie Corporation of New York. August 1994.
- 3. The Urban Institute. *State Child Care Profile for Children with Employed Mothers: Wisconsin.* February 2001.
- 4. National Council of Jewish Women. *Opening a New Window of Child Care: A Report on the Status of Child Care in the Nation Today.* New York, NY. NCJW, 1999.
- 5. Ibid, The Urban Institute.
- 6. Ibid.
- 7. Wisconsin Department of Workforce Development. Web Site: <a href="http://www.dwd.state.wi.us/des/childcare/wisshares">http://www.dwd.state.wi.us/des/childcare/wisshares</a>
- 8. The Southern Institute on Children and Families. *Sound Investments: Financial Support for Child Care Builds Workforce Capacity and Promotes School Readiness.* The Southern Regional Taskforce on Child Care Report and Actions for the South. December 2000.
- 9. Deborah Parkinson. *Work Family Roundtable: Child Care Services*. New York City: The Conference Board. Winter 1995.